

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12675

1. PLACE OF DEATH

County Randolph
Township Chanton
City Chanton (No.)

Registration District No. 737
Primary Registration District No. 5972

File No.
Registered No. 104
St. Ward

2. FULL NAME

(a) Residence. No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. J. H. Coursey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 11 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Chanton Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Felix J. Coursey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rhode Island
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Rodgers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

14. INFORMANT J. H. Coursey
(Address) Barney Hill

15. FILED May 12 1927 O. H. Hutton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 27 1927

17. I HEREBY CERTIFY That I attended deceased from 12 1927 to 20 1927
that I last saw him alive on Apr 20 1927, and that death occurred, on the date stated above, at 10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of stomach
460 (duration) 2 yrs. mos. da.
115
CONTRIBUTORY (SECONDARY) Infection

18. WHERE WAS DISEASE CONTRACTED 444 A
IF NOT AT PLACE OF DEATH, DATE OF

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) O. H. Hutton M. D.
, 19 (Address) Huntsville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Harbor Cemetery DATE OF BURIAL 5/29 1927

20. UNDERTAKER Winkelmeyer Bros ADDRESS Salisbury Mo

